



**STATE OF TENNESSEE  
TENNESSEE HUMAN RIGHTS COMMISSION  
CENTRAL OFFICE  
CORNERSTONE SQUARE BUILDING, SUITE 305  
530 CHURCH STREET  
NASHVILLE, TENNESSEE 37243-0745  
(615) 741-5825 FAX (615) 532-2197  
[www.state.tn.us/humanrights](http://www.state.tn.us/humanrights)**

**INSTRUCTIONS FOR FILING A TENNESSEE HUMAN RIGHTS COMMISSION (THRC) COMPLAINT**

The staff of the Tennessee Human Rights Commission is committed to serving all Tennesseans. In our efforts to provide efficient service to you, it is important that you:

- Clearly print your answers
- Answer all questions that apply to your allegations
- Make sure that you sign and date the complaint form.

Section 1: Write your name, current mailing address and phone number. Please include the name and number of anyone else that can assist us in contacting you. Also provide the name, local mailing address, local telephone number, and number of employees of the company that your complaint is against. If you have information about the Company's headquarters, please provide that information.

Section 2: Please select the kind of discrimination that you are alleging. You may check more than one item, but please choose the one that best describes why you believe that you were discriminated against.

Section 3: If you were employed by the company, please give us the date you were hired, and, if applicable, the date that you were terminated. Also, provide your job title(s) while you were employed with the company.

Section 4: Please check the event that describes the action that the company took against you. Also, tell us the reasons that the company gave you for this action. Please provide the dates when the action(s) occurred. Most importantly, list others of a different race, age, sex, color, etc. who were treated differently from you.

Section 5: Inform us if you have sought any assistance on this matter from anyone else. In addition, describe the circumstances that led to the alleged discrimination. Only give facts that you know to be accurate and relevant to your complaint. Finally, provide the names, addresses, and phone numbers of witnesses who have knowledge concerning your case.

- **Remember, if you do not completely fill out the complaint or if you select every basis of discrimination, then a delay could occur in the investigation of your charge.**

**Also, be aware that a copy of this complaint, and any documents which you attach to it, will be forwarded to the company (employer) whom you allege discriminated against you.**



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**EMPLOYMENT DISCRIMINATION COMPLAINT**

THRC# \_\_\_\_\_

EEOC# \_\_\_\_\_

(DEPARTMENT USE ONLY)

**1. COMPLAINANT CONTACT INFORMATION**

NAME	ADDRESS		
CITY	COUNTY	STATE	ZIP
DATE OF BIRTH	TELEPHONE (    )		CELL (    )

Provide the contact information of someone who can assist us in contacting you should we have difficulty in reaching you.

NAME	ADDRESS				
CITY	COUNTY	STATE	ZIP	CELL (    )	TELEPHONE (    )

**RESPONDENT CONTACT INFORMATION**

Provide name and address of company, employer, employment agency, labor union or joint apprenticeship that discriminated against you:

NAME OF BUSINESS	ADDRESS		
CITY	COUNTY	STATE	ZIP
TYPE OF BUSINESS	TELEPHONE (    )		# OF EMPLOYEES
NAME OF IMMEDIATE SUPERVISOR	NAME OF PERSONNEL DIRECTOR OR HUMAN RESOURCE		

**2. BASIS OF DISCRIMINATION**

I believe I was discriminated against because of my: (***Please check only those that describe your case.***)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> NATIONAL ORIGIN, SPECIFY _____ | <input type="checkbox"/> SEX, SPECIFY _____      | <input type="checkbox"/> DISABILITY    |
| <input type="checkbox"/> RACE, SPECIFY _____            | <input type="checkbox"/> RELIGION, SPECIFY _____ | <input type="checkbox"/> AGE (OVER 40) |
| <input type="checkbox"/> COLOR, SPECIFY _____           | <input type="checkbox"/> OTHER, SPECIFY _____    | <input type="checkbox"/> RETALIATION   |

**3. EMPLOYMENT HISTORY**

EMPLOYMENT BEGAN ON:	EMPLOYMENT ENDED ON:	PAY RATE/SALARY:
_____	_____	_____
JOB TITLE AT THE TIME OF HIRE:	CURRENT JOB TITLE:	
_____	_____	

**4. BACKGROUND ON THE ALLEGED DISCRIMINATION**

As a result of the discrimination, I was subjected to the following adverse employment action(s): (**Check only those that best describe what happened to you**)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> FAILURE TO HIRE    | <input type="checkbox"/> DENIED PAY RAISE     | <input type="checkbox"/> DENIED RELIGIOUS ACCOMMODATION |
| <input type="checkbox"/> FAILURE TO RECALL  | <input type="checkbox"/> HARASSED             | <input type="checkbox"/> SUSPENDED                      |
| <input type="checkbox"/> FAILURE TO PROMOTE | <input type="checkbox"/> DENIED BENEFITS      | <input type="checkbox"/> TRANSFERRED                    |
| <input type="checkbox"/> DISCHARGED         | <input type="checkbox"/> DENIED MEDICAL LEAVE | <input type="checkbox"/> INTIMIDATED                    |
| <input type="checkbox"/> LAID OFF           | <input type="checkbox"/> RETALIATION/REPRISAL | <input type="checkbox"/> OTHER _____                    |

**\*REASON YOUR EMPLOYER OR UNION STATED FOR THEIR ACTION:** (What reason did the employer/union give for the action(s) taken against you? If the employer/union provided documentation, attach a copy.)

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**\*DATE(S) OF THE ALLEGED DISCRIMINATORY ACT BY YOUR EMPLOYER/ORGANIZATION:**

Beginning date of the alleged discriminatory act? \_\_\_\_\_

Most recent date of the alleged discriminatory act? \_\_\_\_\_

**5. ASSISTANCE FROM OTHERS**

\*Have you sought assistance about this complaint from any other agency, union, attorney, or other source?

☐ YES

From whom did you seek assistance? \_\_\_\_\_

Date(s): \_\_\_\_\_

What were the results, if any? \_\_\_\_\_

\* Have you filed a complaint with the EEOC regarding this complaint?

☐ YES (**If you have a copy of your EEOC Charge, please attach to this complaint.**)

Provide the EEOC Charge Number: \_\_\_\_\_

☐ NO, I have not sought assistance from any other agency about this complaint.

Describe the circumstances that led to the discrimination which you allege to have suffered or continued to suffer. Give dates, when applicable. (If the practice is ongoing, state that it is ongoing) **Also, describe how others of a different race, sex, age, color, etc. were treated differently than you. Use additional paper if needed.**

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**How did you learn about the Tennessee Human Rights Commission?**

☐ Radio ☐ Television ☐ Friend ☐ Other, specify \_\_\_\_\_.

### **IMPORTANT LEGAL NOTICE**

You, as the Complainant, have the right to hire an attorney and file a private lawsuit in the state court system, either Chancery or Circuit, at any time during the investigation of this complaint. If you choose this option, you must file suit within one (1) year from the date of the alleged act of discrimination and prior to any determination being made by the Tennessee Human Rights Commission (THRC). Unlike federal law, state law does not toll the statute of limitations on your claim while your charge is being investigated and/or mediated by this or any other agency, including unions, guilds, or any other collective bargaining group. You are not required to file a Complaint with the THRC, nor do you need the THRC's permission before you can file suit in Chancery or Circuit Court. However, if you file a lawsuit in State Court the THRC will administratively close its investigation of your Complaint pursuant to state law. If you choose not to file a private lawsuit and this agency makes a determination that there is no reasonable cause to believe the Respondent has engaged in a discriminatory practice, you may not file a private lawsuit, but you may file a private action appealing this agency's determination in the state court system, either Chancery or Circuit Court, within 30 days of receipt of the Determination Notice, which is the THRC's official position in this matter. If a federal law is involved, this agency will send the Equal Employment Opportunity Commission (EEOC) a copy of the Determination Notice. The EEOC will then mail the parties a Notice of Closure of this case and/or a Right to Sue in federal court. Suit must be filed in federal court within 90 days of receipt of the EEOC Notice of Closure/Right to Sue.

By signing this complaint form, you are acknowledging that you have read and understand your legal rights as set forth above.

**You have the option of signing the complaint before a notary OR signing the declaration at the bottom of the page, either of which must be done before filing the complaint.**

\_\_\_\_\_  
Complainant Signature

\_\_\_\_\_  
Date

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My commission expires: \_\_\_\_\_.

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### **Declaration**

I declare under penalty of perjury that the foregoing is true and correct.

\_\_\_\_\_  
Complainant Signature

\_\_\_\_\_  
Date

Please list any fellow co-workers, supervisors, or anyone else that may have information to support or clarify your complaint. Make sure you have a complete address and phone number, including an area code.

1. Name \_\_\_\_\_  
First Middle Last  
Address \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number ( ) \_\_\_\_\_

2. Name \_\_\_\_\_  
First Middle Last  
Address \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number ( ) \_\_\_\_\_

3. Name \_\_\_\_\_  
First Middle Last  
Address \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number ( ) \_\_\_\_\_

4. Name \_\_\_\_\_  
First Middle Last  
Address \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number ( ) \_\_\_\_\_

5. Name \_\_\_\_\_  
First Middle Last  
Address \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number ( ) \_\_\_\_\_

6. Name \_\_\_\_\_  
First Middle Last  
Address \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number ( ) \_\_\_\_\_

7. Name \_\_\_\_\_  
First Middle Last  
Address \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number ( ) \_\_\_\_\_